

# MARYLAND STATE BOARD OF VETERINARY MEDICAL EXAMINERS

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## *REQUEST FOR APPOINTMENT CONSIDERATION AS MEMBER OF VETERINARY TECHNICIAN COMMITTEE BIOGRAPHICAL INFORMATION FORM*

|  |   |                        |
|--|---|------------------------|
| Name: _____  |   |                        |
| Date of Birth: _____   | Gender:    (    ) Male    (    ) Female |                        |
| Home Address: Street: _____  |   |                        |
| City: _____  | State: _____                            | Zip Code: _____        |
| Resident County: _____   |   | E-mail Address: _____  |
| Home Phone Number: _____   |   | Cell Number: _____     |
| Occupation: _____  |   |                        |
| Employer: _____  |   |                        |
| Work Address: Street: _____  |   |                        |
| City: _____  | State: _____                            | Zip Code: _____        |
| Work Phone Number: _____   |   | Work Fax Number: _____ |
| Sponsoring Organization (if any): _____  |   |                        |
| Do you hold a Maryland license or registration to practice a profession or trade?<br>(    ) Yes    (    ) No |   |                        |
| Specify license(s)/ registration(s) held: _____  |   |                        |
| Are you an officer, director, or member of any organization? (    ) Yes    (    ) No                         |   |                        |
| Specify Organization or Activity: _____  |   |                        |

Please attach a resume that includes information concerning your academic background, work experience, and professional and civic organization affiliations. If a resume is not available, please supply requested information in spaces provided below:

Academic Background:

Work Experience:

Organizational Affiliations:

**Return completed forms to:**  
**Laura C. Downes, Executive Director, State Board of Veterinary Medical Examiners,**  
**50 Harry S Truman Parkway, Annapolis, MD 21401**